

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585167

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4			1			
5				1		
6				1		
7				1		
8				1		
9				2		
10				2		
11				2		
12				2		
13				2		
14				2		
15				2		
16				1		
17				2		
18				2		
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28				2		
29				2		
30				2		
31				2		
32				2		
33				2		
34				2		
35				2		
36				1		
37				1		
38				1		
39				1		
40				2		
41				2		
42				2		
43				2		
44				2		
45				2		
46				2		
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			77			
TOTAL CLAIMS			79			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						